

As Amended

Amendments from Medicaid: 10, 58, 79, 96, 120, 141, 175, 197, 200, 217, 238, 267, 283, 295, 307, 322, 341, 385, 389, 394, 400, 401, 405, 411, 422, 427, 476, 505, 510, 519, 582, 585, 591, 606, 610, 668, 669, 670, 671, 680, 681, 692, 704, 716, 776, 789, 821, 872, 878, 884, 885, 886, and 968.

Mr. Murphy of Burlington and others move to amend H4100 in section 2, by adding at end of item 4000-0300 the following:-

“provided further, for the operation of the Office of Health Equity within the Executive Office of Health and Human services; provided further, that subject to appropriation the Executive Office of Health and Human Services may employ such additional staff and consultants or as it may deem necessary; provided further; the office may prepare an annual health disparities report card with regional disparities data, evaluate effectiveness of interventions, and replicate successful programs across the state; and provided further, the office shall work with a disparities reduction program with a focus on supporting efforts by community-based health agencies and community health workers to eliminate racial and ethnic health disparities, including efforts addressing social factors integral to such disparities.”

And further amend the bill in section 2, by striking item 4000-0500 and inserting in its place the following item:-

4000-0500 For health care services provided to medical assistance recipients who are enrolled in a managed care organization under contract with the executive office, including both MassHealth covered services and MassHealth services not provided by the managed care organization and for MassHealth benefits provided to children, adolescents and adults under clauses (a) to (d), inclusive and clause (h) of subsection (2) of section 9A and section 16C of chapter 118E of the General Laws; provided, that no funds shall be expended from this item for children and adolescents under clause (c) of said subsection (2) of said section 9A of said chapter 118E whose family incomes, as determined by the executive office, exceeds 150 per cent of the federal poverty level; provided further, that funds may be expended from this item for health care services provided to the recipients in prior fiscal years; provided further, that funds shall be expended from this item for the CommonHealth program to provide primary and supplemental medical care and assistance to disabled adults and children under sections 9A, 16 and 16A of chapter 118E of the General Laws; provided further, that children shall be determined eligible for the medical care and assistance if they meet the disability standards as defined by the executive office, which standards shall be no more restrictive than the standards in effect on July 1, 1996; provided further, that the executive office shall process CommonHealth applications within 45 days of receipt of a completed application or within 90 days if disability determination is required; provided further, that funds shall be expended from this item for provision of benefits to eligible women who require medical treatment for

either breast or cervical cancer in accordance to with 1902 (a) (10) (A) (ii) (XVII) of the Breast and Cervical Cancer Prevention Treatment Act of 2000, Public Law 106-354 and in accordance with section 10D of Chapter 118E of the General Laws; provided further, that the executive office shall provide those benefits to women whose income, as determined by the executive office, does not exceed 250 percent of the federal poverty line; provided further, that eligibility for these benefits shall be extended solely for the duration of the cancerous condition; provided further, that prior to the provision of any benefits covered by this item, the division shall require screening for either breast or cervical cancer at the comprehensive breast and cervical cancer early detection program operated by the department of public health, in accordance with item 4570-1512 of section 2 of this act; provided further, that funds shall be expended from this item for MassHealth benefits under clause (c) of subsection (2) of section 9A and section 16C of chapter 118E of the general laws as amended by chapter 58 of the acts of 2006 for children and adolescents whose family incomes as determined by the executive office are above 150 percent of the federal poverty line; provided further, that funds shall be expended from this item to fund health care services to adults participating in the medical assistance program pursuant to clause (g) of subsection (2) of section 9A of Chapter 118E of the General Laws; provided further, funds from this item shall be expended for physician and hospital rates; provided further, that funds shall be expended from this item for providing MassHealth benefits to persons with a diagnosis of human immunodeficiency virus whose incomes, as determined by the executive office, do not exceed 200 per cent of the federal poverty line; provided further, that funds shall be expended from this item for the operation of the essential program for long-term unemployed persons; provided further, that such persons shall meet the eligibility requirements under section 9A of chapter 118E; provided further, persons eligible under subsection (7) of section 16D of said chapter 118E shall be eligible to receive benefits under this item; provided further, that the income of such persons shall not exceed 100 percent of the federal poverty line; provided further, that the secretary may limit or close enrollment if necessary in order to ensure that the expenditures from this item do not exceed the amount appropriated herein; provided further, however, that no such limitation shall be implemented unless the secretary has given 90 days notice to the house and senate committees on ways and means and the joint committee on health care financing; provided further, that funds shall be expended from this item for the children's behavioral health initiative (Rosie D. et al v. Romney, civil action No. 01-30199-MAP) implementation costs and services; provided further, that expenditures from this item shall be made only for the purposes expressly stated herein; provided further, that not less than \$9,000,000 shall be expended for disproportionate share payments for inpatient services provided at pediatric hospitals and units; provided further, that the secretary of health and human services and the

commissioner of mental health shall report quarterly to the house and senate committees on ways and means relative to the performance of the managed care organization under contract with the executive office to administer the mental health and substance abuse benefit; provided further, that such quarterly reports shall include, but not be limited to, analyses of utilization trends, quality of care and costs across all service categories and modalities of care purchased from providers through the mental health and substance abuse program, including those services provided to clients of the department of mental health; provided further, that in conjunction with the new Medicaid management information system project, said executive office shall continue to study the feasibility of modifying its claim payment system, in collaboration with the MassHealth behavioral health contractor, to routinely process for payment valid claims for medically-necessary covered medical services to eligible recipients with psychiatric and substance abuse diagnoses on a timely basis in an effort to avoid delay and expenses incurred by lengthy appeals processes; and provided further, that notwithstanding any general or special law to the contrary, the secretary of health and human services shall not reassign to a managed care plan under contract with the office of MassHealth behavioral health benefit of any eligible person when the benefit is elected by or initially assigned to that person, unless the person provides written or verbal consent to the reassignment.....\$2,080,859,818

And further amend the bill in section 2, by inserting after the caption: "Executive Office of Elder Affairs" the following item:-

4000-0600 For health care services provided to MassHealth members who are seniors, and for the operation of the senior care options program under section 9D of chapter 118E of the General Laws; provided, that funds may be expended from this item for health care services provided to these recipients in prior fiscal years; provided further, that funds shall be expended for the 'community choices' initiative; provided further, that no payment for special provider costs shall be made from this item without the prior written approval of the secretary of administration and finance; provided further, that benefits for this demonstration project shall not be reduced below the services provided in fiscal year 2009; provided further, that the eligibility requirements for this demonstration project shall not be more restrictive than those established in fiscal year 2009; provided further, that the executive office of health and human services shall submit a report to the house and senate committees on ways and means detailing the projected costs and the number of individuals served by the 'community choices' initiative in fiscal year 2010 delineated by the federal poverty level; provided further, that notwithstanding any general or special law to the contrary, not less than \$5,000,000 shall be expended from this item for the purpose of providing an increase to \$72.80 per month in the

personal needs allowance for individuals residing in nursing homes and rest homes who are eligible for MassHealth, Emergency Aid to the Elderly Disabled and Children program or Supplemental Security Income; provided further, that care management under section 3 of chapter 211 of the Acts of 2006 shall be implemented through Aging & Disability Resource Consortiums, which shall include a combination of one or more Aging Services Access Points and Independent Living Centers; provided further, not less than \$2,500,000 shall be expended from this item to implement the provisions of section 2 of chapter 211 of the acts of 2006, the pre-admission counseling and assessment program, which shall be implemented on a statewide basis through aging and disability resource consortia; provided further, that notwithstanding any general or special law to the contrary, for any nursing home or non-acute chronic disease hospital that provides kosher food to its residents, the department, in consultation with the division, in recognition of the unique special innovative program status granted by the executive office, shall continue to make the standard payment rates established in fiscal year 2006 to reflect the high dietary costs incurred in providing kosher food; provided further, that funds shall be expended for the purpose of a housing with services demonstration project known as the 'Caring Homes' initiative designed to delay or prevent nursing home placement by providing care-giving services to an elder; provided further, that under said demonstration project, eligible MassHealth enrollees shall be able to live in the home of an individual or relative, with the exception of dependent children, to provide for their long term supports, pursuant to regulations promulgated by said executive office; provided further, that effective July 1, 2009 for the fiscal year ending June 30, 2010, the division of health care finance and policy shall establish nursing facility MassHealth rates that are \$35,000,000 in payments above the payments made to nursing facilities for fiscal year 2009 for the purpose of funding inflationary labor and benefit costs; provided further, that nursing facility MassHealth rates shall recognize the increase in the nursing home assessment provided for in section 34 of this act borne by the MassHealth program; provided further, that the secretary of elder affairs and the director of the office of Medicaid shall report monthly to the secretary of administration and finance and to the house and senate committees on ways and means the total projected expenditures from this item; and provided further, that the secretary of elder affairs and the director of the office of Medicaid shall provide a monthly report to the secretary of administration and finance and to the house and senate committees on ways and means showing Medicaid nursing facility utilization in the current fiscal year compared to Medicaid nursing facility utilization in the same period for the prior fiscal year.....\$2,139,610,628

And further amend the bill in section 2, by adding after the item 4000-0640 the caption:
“Executive Office of Health and Human Services”

And further amend the bill in section 2 by striking item 4000-0700 and inserting in place thereof the following item:-

- 4000-0700 For health care services provided to medical assistance recipients under the executive office's not in managed care plans, primary care clinician plan or the managed behavioral contract, including managed behavioral health contract services and all MassHealth services and for MassHealth benefits provided to children, adolescents and adults under clauses (a) to (d), inclusive and clause (h) of subsection (2) of section 9A and section 16C of chapter 118E of the General Laws; provided, that no payments for special provider costs shall be made from this item without the prior written approval of the secretary of administration and finance; provided further, that no funds shall be expended from this item for children and adolescents under clause (c) of said subsection (2) of said section 9A of said chapter 118E whose family incomes, as determined by the executive office, exceeds 150 per cent of the federal poverty level; provided further, that funds shall be expended from this item for the CommonHealth program to provide primary and supplemental medical care and assistance to disabled adults and children under sections 9A, 16 and 16A of chapter 118E of the General Laws; provided further, that children shall be determined eligible for the medical care and assistance if they meet the disability standards as defined by the executive office, which standards shall be no more restrictive than the standards in effect on July 1, 1996; provided further, that the executive office shall process commonhealth applications within 45 days of receipt of a completed application or within 90 days if disability determination is required; provided further, that funds shall be expended from this item for the children's behavioral health initiative (Rosie D. et al v. Romney, civil action No. 01-30199-MAP) implementation costs and services; provided further, that funds shall be expended for MassHealth members who qualify for Early Intervention services; provided further, that not less than \$34,000,000 in funds from this item including federally unmatched state funds shall be expended to enhance the ability of hospitals, community health centers and primary care clinicians to serve populations in need more efficiently and effectively; provided further, that the executive office of health and human services shall expend not less than \$15,000,000 to distribute to certain disproportionate share hospitals, as defined by 114.1 CMR 36.04 and section 1 of chapter 118G of the General Laws, that provide the largest volume of uncompensated care in the commonwealth, as determined by the division of health care finance and policy and have no corporate affiliation with any managed care organization under contract with MassHealth, in an amount equal to the difference between the costs incurred by such hospital for the provision of services to publicly insured or uninsured individuals including MassHealth, Medicare, Commonwealth Care, and the Health Safety Net Trust Fund, and the payments received for

such services; provided further, that hospitals that have in-patient psychiatric units which said psychiatric units had negative operating margins in fiscal year 2008, adjusted to exclude any grants awarded from the Essential Community Provider Trust Fund shall receive priority in the distribution of such supplemental payment amounts under this section; provided further, that any remaining amounts not otherwise distributed in accordance with this section shall be distributed equally among the remaining facilities, in proportion to the relative amount of uncompensated public care costs incurred by each facility; provided further, that funds may be expended from this item for health care services provided to the recipients in prior fiscal years; provided further, that the executive office may reduce MassHealth premiums or copayments or offer other incentives to encourage enrollees to comply with wellness goals; provided further, that the executive office shall report annually to the joint committee on health care financing and the house and senate committees on ways and means on the number of enrollees who met at least 1 wellness goal, any reduction of copayments or premiums, and any other incentives provided because enrollees met wellness goals; provided further, that the executive office shall not, in fiscal year 2010, fund programs relating to case management with the intention of reducing length of stay for neonatal intensive care unit cases; provided further, that funds may be expended from this item for activities relating to disability determinations or utilization management and review, including patient screenings and evaluations, regardless of whether such activities are performed by a state agency, contractor, agent or provider; and provided further, that the executive office shall submit a report to the executive office of administration and finance and the house and senate committees on ways and means not later than March 1, 2010 detailing the activities described in the preceding proviso to be expended from this item during fiscal year 2010.....\$1,728,907,635

And further amend the bill in section 2 by striking item 4000-0740 and inserting in place thereof the following item:-

4000-0740 For all health care services provided to medical assistance members who are enrolled in the primary care clinician plan or the managed behavioral health contract, including managed behavioral health contract services and all other MassHealth covered services; provided further, that funds may be expended from this item for the children's behavioral health initiative (Rosie D. et al v. Romney, civil action No. 01-30199-MAP) implementation costs and services; provided further, that funds may be expended from this item for health care services provided to members in prior fiscal years; provided further, that funds shall be expended from this item for the CommonHealth program to provide primary and supplemental medical care and assistance to disabled adults and children under sections 9A, 16 and 16A of chapter 118E of the General Laws; provided further,

that children shall be determined eligible for the medical care and assistance if they meet the disability standards as defined by the executive office, which standards shall be no more restrictive than the standards in effect on July 1, 1996; provided further, that the executive office shall process CommonHealth applications within 45 days of receipt of a completed application or within 90 days if disability determination is required; provided further, that funds shall be expended from this item for provision of benefits to eligible women who require medical treatment for either breast or cervical cancer in accordance with 1902 (a) (10) (A) (ii) (XVII) of the Breast and Cervical Cancer Prevention Treatment Act of 2000, Public Law 106-354 and in accordance with section 10D of Chapter 118E of the General Laws; provided further, that the executive office shall provide those benefits to women whose income, as determined by the executive office, does not exceed 250 percent of the federal poverty line; provided further, that eligibility for these benefits shall be extended solely for the duration of the cancerous condition; provided further, that prior to the provision of any benefits covered by this item, the division shall require screening for either breast or cervical cancer at the comprehensive breast and cervical cancer early detection program operated by the department of public health, in accordance with item 4570-1512 of section 2 of this act; provided further, that funds shall be expended from this item for providing MassHealth benefits to persons with a diagnosis of human immunodeficiency virus whose incomes, as determined by the executive office, do not exceed 200 per cent of the federal poverty line; provided further, that funds shall be expended from this item for the operation of the essential program for long-term unemployed persons; provided further, that such persons shall meet the eligibility requirements under section 9A of chapter 118E of the General Laws; provided further, persons eligible under subsection (7) of section 16D of said chapter 118E shall be eligible to receive benefits under this item; provided further, that the income of such persons shall not exceed 100 percent of the federal poverty line; provided further, that the secretary may limit or close enrollment if necessary in order to ensure that the expenditures from this item do not exceed the amount appropriated herein; provided further, however, that no such limitation shall be implemented unless the secretary has given 90 days notice to the house and senate committees on ways and means and the joint committees on health care financing; provided further, that funds shall be expended from this item for MassHealth benefits under clause (c) of subsection (2) of section 9A and section 16C of chapter 118E of the general laws as amended by chapter 58 of the acts of 2006 for children and adolescents whose family incomes as determined by the executive office are above 150 percent of the federal poverty line; provided further, that funds shall be expended from this item to fund health care services to adults participating in the medical assistance program pursuant to clause (g) of subsection (2) of section 9A of Chapter 118E of the General laws; provided further, that funds shall be expended from this item to enhance

the ability of hospitals, community health centers and primary care clinicians to serve populations in need more efficiently and effectively; provided further, that notwithstanding the foregoing, not less than \$1,500,000 shall be expended to a community health center located in Suffolk county which provides twenty-four hour emergency services, a Program for All Inclusive Care and a 340B pharmacy; provided further, that the secretary may limit or close enrollment to individuals made eligible solely through the MassHealth section 1115 demonstration waiver, consistent with the terms and conditions of the demonstration, if necessary in order to ensure that expenditures from this item do not exceed the amount appropriated herein; and provided further, that no such limitation shall be implemented unless the secretary has given 90 days notice to the house and senate committees on ways and means and the joint committee on health care financing.....\$2,219,725,208

And further amend the bill in section 2, in item 4000-0835 by striking out the figures “\$643,050,000” and inserting in place thereof the figures “\$268,630,683.”

And further amend the bill in section 2, in item 4000-0895 by striking out the figures “\$13,200,673” and inserting in place thereof the figures “\$17,200,673.”

And moves further to amend the bill by striking out subsection (c) of section 35 and inserting its place the following section:-

(c) Notwithstanding any general or special law to the contrary, the state comptroller shall, in consultation with the office of the state treasurer, the executive office for administration and finance and the executive office of health and human services, develop a schedule and make a series of transfers not to exceed \$399,000,000 from the General Fund to the MassHealth provider payment account in the Medical Assistance Trust Fund, established by section 2QQQ of chapter 29 of the General Laws, if the comptroller has determined that General Fund revenues are sufficient to accommodate the schedule of transfers. These funds may be expended only for services provided during state or federal fiscal year 2010, and no amounts previously or subsequently transferred into the Medical Assistance Trust Fund may be expended on payments described in the 1115 demonstration waiver for services provided during state fiscal year 2010 or payments described in the state plan for services provided during federal fiscal year 2010. All payments from the Medical Assistance Trust Fund shall be subject to the availability of federal financial participation, shall be made only in accordance with federally-approved payment methods, shall be consistent with federal funding requirements and all federal payment limits as determined by the secretary of the executive office of health and human services and shall be subject to the terms and conditions of an agreement with the executive office of health and human services. Any increase in payment made from the trust fund totaling an amount greater than \$251,000,000 in fiscal year 2010 shall be made only after the secretary of the executive office of health and human services certifies that any increase in payments from the trust fund shall not exceed the negotiated

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limit for section 1115 waiver spending. The secretary of the executive office of health and human services shall notify, in writing, the house and senate committees on ways and means and the joint committee on health care financing of any increases in payments within 15 days. The secretary of the executive office of health and human services shall make a payment of up to \$265,000,000 from the Medical Assistance Trust Fund to the Cambridge public health commission for dates of services in state and federal year 2010 only after the Cambridge public health commission transfers up to \$106,000,000 of its funds to the Medical Assistance Trust Fund, using a federally permissible source of funds which shall fully satisfy the non-federal share of such payment. Notwithstanding any provision to the contrary, for state and federal fiscal year 2010, such payment to Cambridge public health commission from this fund may include an up to \$20,000,000 for which federal financial participation is not available or for which no intergovernmental transfer is required. This authorization shall expire on June 30, 2010.

And further amend the bill by adding after subsection (c) of section 35 the following paragraph: - (d) Notwithstanding any general or special law to the contrary, in hospital fiscal year 2010, an acute hospital's liability to the Health Safety Net Trust Fund, as defined in chapter 118G shall be equal to the product of (1) the ratio of its private sector charges to all acute hospitals' private sector charges and (2) \$140,000,000.